Reviewer's report

Title: Albinism in Africa as a public health issue

Version: 3 Date: 14 June 2006

Reviewer: Patricia Lund

Reviewer's report:

General
The authors have revised this paper and I have now had an opportunity to view the abstract. Some additional information on the WHO survey results is presented. I am puzzled as to why the countries were divided into Anglophone, Francophone and Lusophone countries as the authors do not go on to make any comparisons between these. It is unclear what useful comparisons could be made- this seems to be harking back to colonial times, to what purpose??

It would appear that the respondents to the WHO questionnaire were varied and without any special knowledge/expertise on albinism. Without evidence to the contrary, ALL survey data should be considered as anecdotal rather than evidence based (amend the discussion to reflect this). It often involved the respondent ticking a Yes or No box in the questionnaire, so the value of these responses must be doubted, if they are not substantiated in any way. I am particularly concerned about using the responses of this type of tick box questionnaire to make comments about the economic status of people with albinism and levels of abuse among this population (paragraph 4 and 5 on page 7). My experience in Africa is that the economic status of someone with albinism depends on the status of the family in which they happen to be born. There are numerous cases of people with albinism in Africa in professional positions, at university, as medical doctors, politicians, musicians etc. Having albinism does not necessarily place them in a particular economic stratum, although it may well be more difficult for them to find jobs. The status of people with albinism in most respondent countries, therefore, may well simply reflect the status of the majority of the population.

The rationales for using traditional medicines given in the questionnaire seem unclear. What do “decreased stigmatisation and severity of disease” mean as rationales for using this type of medicine? Could the authors expand on this?

Finally, the authors have decided to avoid the use of albino (except for pg 7, para 3 which could also be changed for consistency-“the discrimination of albinos is not”), although they still use the terms albino cases, albino population etc.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
None

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Two factual errors need correcting:
1. The authors have confused the two types of albinism: OCA1 is the tyrosinase-negative type (ie the enzyme activity is missing) and OCA2 the tyrosinase positive type. It is the ty-positive (OCA2) type that is common throughout Africa (line 2 of the abstract, 2nd paragraph of the intro, key to Table 1 all need correcting).

2. Abstract 2nd paragraph says that the prevalence was reported to be as high as 1 in 2661 and 1 in 3900 in Zimbabwe and South Africa. These are not the highest values reported for populations in these countries- either the highest values should be given (1 in 1000 for the Tonga of Zimbabwe and 1 in 1000 for the Pedi in South Africa) or the sentence should be changed to give the average population frequencies.

3. The discussion should be amended to stress that ALL survey data should be considered anecdotal rather than evidence-based.
Discretionary Revisions (which the author can choose to ignore)
All other comments stated in the general section:
1. Why divide the countries into Anglophone etc?
2. Re-consider the validity of the comments on economic status and levels of abuse as these are presumably 'Yes' answers in the questionnaire. If they are not substantiated they are of doubtful validity (see my comments in the general section).
3. The section on traditional medicines still seems vague- again, these are tick box answers. If not substantiated by comments it is difficult to judge their significance.
4. Pg 7, paragraph 3- change the term 'albinos'.

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
As stated in the first review.